File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12^h, Ste. 1A

Des Moines, Iowa 50319 Fax: 515-281-4073 FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

JAMPAIGH BISS AND

2010 MAY 19 PM 4: 00

	
COMMITTEE NAME (Must be same as on Statement of Organization)	FORM
Winslow For Recorder	DR-2 DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party	(Rev. 12/2009) REPORT
1/ 4 County Central Committee (5 County Candidate (8 VCity Candidate (7 School Board or Other Politics	For Office Use Orby 4.0
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue	Comm. # 18551
CANDIDATE COMMITTEES ONLY:	Logged In
Candidate Name Political Party (if applicable)	Scanned-5
Kim Winslow Republican	Computer
Office Sought Recorder District (if Senate or House)	Audited
Late reports are subject to possible civil and criminal penalities. Pursuant to lowe Code sections 68B.32/candidate's committee, and the chairperson, for any other type of committee, is the individual responsibilities.	k(7) and 68A.401(3), the candidate, for a e for filing timely and accurate reports.
MI M. H.L 318 457 (31	n 514-10
SIGNATURE OF PERSON FILING REPORT TELEPHONE	7 <u>5-14-10</u> DATE SIGNED
SIGNATURE OF PERSON FILING REPORT	DATE SIGNED
IAM FILINGA FINANCIAL DISCLOSUCE REPORT FOR (1) ELECTION	/(2)NON-ELECTION YEAR.
(report date) Indicate by	
CHECK IF AMENDMENT TO REPORT DATED	Local Committees, enter Date of Election
	June 8 2010
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	County & Local Committees, enter County in
(You must continue to file reports until a DR-3 is filed.)	which Election is held Jefferson Co.
	deltel en e
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the	
<u> </u>	· - O -
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	# 10200
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	# 1975 00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	1975 00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	1975 00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)	1975 00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)	1975 00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)	1975 00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)	1,975 00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)	1,975 <u>00</u> -000000000-
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)	1,975 00 -0- 1,975 00 1,975 00 1,812 25 162 25
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)	1,975 00 -0- 1,975 00 1,975 00 1,812 25 162 25
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1,975 00 -0- 1,975 00 1,975 00 1,812 .25 162 .25 162 .25
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1,975 00 -0- 1,975 00 1,975 00 1,812 .25 162 .25 162 .25
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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (A	lust be san	ne as on Statement of Organization)
Winslow	For	Recorder

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS			
CHECK THIS BOX IF AMENDING FORM				

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IFFOR FUND- RAISER INCOME
3/23/10	0.0 10 191	Pat Frieberg 1304 S. D. St. Fairfield, It		\$ 100.00	
3/23/10	ID# CK# 368)	Joe Mottet 1166 Huy 1 Fairfield, IA 52551		*250 ººº	
4/5/10	ID# CK# /705	Doug Alexander 2219 Westhills Dr. Fairfield, IA 52556		* 100 oc	
4/5/10	ID# CK# 7772	Terry + Shawn Holeomb 1633 230 5 St. Batavia IR 52533		\$ 100 BE	
4/5/10	ID# CK# 2715	James + Becky Stoner 1747 Mahogany Ave. Feirfield IA 52556		# 160 ºº	
4/18/10	ID# CK# 1425	Kevin + haura Curran 1201 5.50 Fairfield, IA 52556		# 20°	1
4/19/10	ID# CK# 6976	Mary + Marvin Larson 2533 1704 St. Fairfield IA 52556		* 20 °C	V
4/18/10	ID# CK# /0898	Gene + Joneane Parker 2532 Elderberry Blud. Libertyville, IA 52567		* 25 m	
4/18/10	CK# /55/	Judy Alexander 2219 Westhills Dr. Fairfield IA 52556		2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
4/17/10	ID# CK# 4586	Kris & Doug Schultz 1365 Mulberry Ave. Fairfield IA 52551	:	*20 *	
			SUS-TOTAL of this schedule)	\$785 º	

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguhity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (M	ust be same	e as on Statement of Organization)	
Winslow	For	Recorder	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS			
CHECK THIS BOX IF AMENDING FORM				

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DATE RECEIVED (MM/DOYYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/18/10	CK# Cash	Mary Ann Partridge 1004 Oakwood Fairfield, IA 52556		\$ 20.00	١
4/18/10	CK# Cash	Aeron Burlison 2203 westhills Dr Fairfield IA 5255L		20,70	V
4/18/10	CK# Cash	Mary Catherine Adam 1702 Linden Cr. Fairfield, IA 52551		# 20 ºº	0
4/18/10	CK# Cash	Jim + Rose Kennedy 603 Hillside Dr. Foirfield, ID 52556		#30, m	V
4/18/10	CK# Cash	Bud + Erma Dimmitt 403 5.68 Fairfield, IA 52556		416,00	~
4/18/10	ID# CK# 9444	Neil + Karen Crossland 2011 5. Main St. Fairfield, IA 5255L		# 25 00	V
4/18/10	ID# CK# 5631	Jim + Joan Salts 2223 185% St. Fairfield IA 52556		* 100 =	~
4/18/10	ID# CK# 76//	Steve + Jeanne Meyers 1222 Glenview Cr. Fairfield, IA 52556		å 25 <u>50</u>	~
4/13/10	ID# CK# <i>4949</i>	Julie Johnston 1342 Ironwood Ave. Fairfield IA 5255L		50 50	V
4/17/10	ID# CK# 5603	Michael + Marcy Murphy 1820 315 to 5t. Brighton IA 52540		# 25,00	/
			SUB-TOTAL	s 325 º	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 5 (for Schedule A)

TOTAL (if last page of this schedule)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same	as on State	ment of Organization	2)
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Winslow	FOL	recor	rder-	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE HOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/18/10	1110	Sandy Haskins 1504 Southview Cr. Fairfield, IA 52551		\$ 25 00	V
4/10/10	ID# CK# 3939	Jin + Jeri Larson 1206 5 4th Fair Vield IA 52551		# 36,00	
4/13/10	CK# 8201	Chris + Deb Davis 1844 Libertyville Rd Libertyville, IA 52567		# 25 ºº	V
4/18/10	CK# 609!	Tim + Renee Messer 109 Washington St. Liberty Ville IA 52567		\$ 2500	V
4/18/10	7,0,	Sally Denney 909 E. Hempstead Fairfield IA 52556		# 2500	V
4/13/10	ID# CK# 24/3	Carl Watts 507 1/2 8. Madison Fairfield IP 82556		\$ 50.00	~
4/18/10	ID# CK# 6657	Mary Laux / Jake Story 2405 w. Burlington Ave. 2270 Marigold Blud Fairfield IA		#50°	V
4/18/10	ID# CK# 3286	Pete+ Sue Nelson 1305 Middle Glasgow Rd. Fairfiéld IA 52554		# 100 ee	
4/18/10	ID# CK# 92L	Howard + Sudi Williamson 1101 Louden Dr Fairfield, IA 5255L		+ 10000	V
4/18/10	id# ck# <i>585</i>	Tom + Marni Adam 2773 Safina Rd Fairfield IA 52556		# 75°E	/
			SUB-TOTAL	\$ 505 E	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surmame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 5 (for Schedule A)

TOTAL (If last page of this schedule)

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Winslow For Recorder

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS			
CHECK THIS BOX IF AMENDING FORM				

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MIM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDEDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/18/10	ID# CK# /4/38	Haron+Terri Kness 504 Kingman Cr. Fairfield IA 52556		\$ 25,50	V
4/18/10	ID# CK# /098	Kaley + Joni Flaig 308 Jowa Ave Fortierd FA 52556		# 25-99	V
4/18/10	ID# CK# /295	Tom + Jusan Silvers 707 S. Maple Fairfield, IA 52556		30.00	V
4/18/10	CK# 5542	Dale + Denise Mineart 1004 Liberty Dr. Fairfield IA 82556		# 10°	V
4/28/10	ID# CK# /726	Billy + Brand; Strickler 100 Williams St. Liberty ville JA 52667		» 10°°	V
4/28/10	CK# 6087	Nelson + Jennifer Anderson 2360 Wintergreen Blud, Lockridge IA 52635		*50°	V
4/28/10	id# ck# /259	Terrence + Rosemary Weiss 2020 Jade Lane Fairfield, IA 52556		250	
4/27/10	CK# 9219	Gerald + Kim Adam 2335 Salina Rd, Fairfield IA 52556		20%	
5/1/10	CK# Cash	Joes Mary Ann Ledger 1879 1658 St. Fairfield IA 52656		4200	•
5/1/10	ID# CK# 7793	Jill Burnett PD. Box 265 Li bertyville IA 52567		# 50°°	
			SUB-TOTAL	s 265.00	

TOTAL (If last page of this schedule)

Page 4 of 5 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Reset Form A (Rev. 07/03) CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/19/10	ID# CK# 12417	Mr.+Mrs.John Kann 1608 Huy I North Fairfield IA 5255L		\$ 25,00	
4/26/10	ID# CK# 8951	Michael + Michele Greiner 701 S. Cromwell Fairfield . IA 52566		× 2500	7
5/7/10	ID# CK# 8951 ID# CK# 1766 ID# CK# CASh	Dove Neff 2272 Glasgow Rd. Fairfield TSA 5255-6		2500	
5/7/10		Sue Mc Cracken 701 S. 79 St. Fairfield, IA 52556		# 20°	
	ID# CK#	, and the second			
	ID# CK#		SUB-TOTAL		

TOTAL (If last page of this schedule)

Page 5 of 5 (for Schedule A)

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form	
	-

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

B	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF INDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
	slow Fo	<i>7</i>)		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/8/10	ID# CK# 00	Fairfield tost office. 200 W. Broadway Fairfield IA 5255	Postage	\$ 52.80
4/9/10	ID# CK# /002	Frontline Printing 204 S. 20th SY Fairfield IA 52556	Campaign Fliers	64. <u>20</u>
4/16/10	ID# CK# /003	Hylee Burlington Fairfield TA 52556	Groceries for Fundraise	148.72
4/28/10	ID# CK# <i> 004</i>	Hospers+Bros. Printing 709 5. Clinton St. V Inva City IA 58240	yard Signs	985, 43
5/7/10	ID# CK# /005	Frontline Printing 204 S. 2015 St. Fairfield, IA 62556	Campaign Fliers (reorder)	7560
5/13/10	ID# CK# /006	MMCD Radio 15. Court St. Fairfield IA 52556	Radio Ads	476.00
	ID#	,		
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$1,812.75

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Dom	~ 4	
Page	01	

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM SCHEDULE D INCURRED COMMITTEE NAME (Must be same as on Statement of Organization) (Rev. 08/98) INDEBTEDNESS Recorder Winslow For ☐ CHECK THIS BOX IF AMENDING NOTE: Debts previously reported that remain unpaid must be included on this Reset Form **FORM** Schedule, as well as any new obligations incurred in this period. An "incurred debt" is a debt for **DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD** goods or services ordered or (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F) received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received. DATE **DESCRIPTION OF GOODS OR** BALANCE OWED AT NAME AND ADDRESS OF PERSON INCURRED SERVICES PROVIDED OR CLOSE OF TO WHOM DEBT OR OBLIGATION IS OWED (MM/DD/YR) **PURCHASED** REPORTING PERIOD* SUB-TOTAL TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD "If actual figure is unknown, show "estimated" beside the figure. Page (for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	Γ
COMMITTEE NAME (Must be come as on Statement of Opposites)	E	

Winslow For Recorder

IN-KIND (Rev. 06/97) CONTRIBUTIONS CHECK THIS BOX IF

AMENDING FORM

Reset Form

D4==		I man 4 m = 1 - 1 - 1 - 1			
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
3/23/10	Kim Winslow 1936 2166 St. Fairfield, IA 52556	Candidate	Office Supplies	\$ 15.00	
3/30/io	A	Campign	Candy Mints Black printer cartridge+for	* 25 °°	
5/5/10	Pat Frieberg 1304 S.DSX. Fairfield IA 52556	Committee Member	Letter-Postoge	\$ 35,00	
4/18/10	20 1	Campaign Chair	Food Donation	#50 °°	
			SUB-TOTAL	\$ 125.00	
			TOTAL (if last page of this schedule)	125,00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule E)

R INSTRUCTIONS, SE	E BACK OF F	ORM		RESET	SCHEDULE	1
		n Statement of Organization) RECORDE			F (Rev. 02/08)	LOANS RECEIVE & REPAID
TE: This schedule rep	orts money loa	ned to the committee which is deposite				THIS BOX NG FORM
RT I - MONETARY LO	DANS RECEIV	EPORTING PERIOD \$ED THIS REPORTING PERIOD			<u>L</u>	
		as a bank, must be shown if a third party			_	
DATE RECEIVED (MM/DD/YR)		IE AND ADDRESS OF LENDER to Endorser's Name, If Applicable)		ELATIONSHIP TO IDATE (If Applicable	AMOUNT (OF LOAN
					-0	-
		MENTS MADE <u>THIS</u> REPORTING PER ried on Schedule E — In-kind Contribution	eOD	(PART I)	\$	
DATE PAID (MM/DD/YR)		E AND ADDRESS OF LENDER le Enderser's Name, if Applicable)		LATIONSHIP TO DATE" (If Applicable	AMOUNT F	REPAID
					\$	
		TOTAL CA From Schedule E - 1	ASH REPAYMENT TOTAL LOANS FO		s <u>-O</u>	<u>=</u>
		TOTAL OUTSTANDING LOAN			\$	
naking a contribution to onsanguinity (blood rela	the committee. atives) and affir out there is no	mittees to disclose the relationship of a Relationship must be shown to the thir nity (relatives by marriage). If surname of familial relationship, enter "not applicable	rd degree of of contributor is	Page	of	e F)

Lincoln School 04:08:26 p.m. 05-19-2010 FOR INSTRUCTIONS, SEE BACK OF FORM SCHEDULE RESET H CAMPAIGN THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY PROPERTY (Rev. 02/08) ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED. COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF **AMENDING FORM** PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY Date Purchased (Schedule B) or Date Received (Schedule E) Purchase Price or Est. Value When Acquired* Current Value at Fair Market **Description of Property** This Report (MM/DD/YR) _0 -TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$_ * if estimated, show est. beside figure. PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ** Name and Address of Purchaser/Donee Description of Property Date Sold? Sale Price Value of (MM/DD/YR) Y/N Donation

** PROPERTY SALES & TRANSFERS TOTAL	(TRANSFER TO SUMMARY PAGE)	s <u>-0-</u>
(Attach Additional Schedules if Needed)		

TOTALS